Adaptation of the Proactive Office Encounter Model to Improve Preventative Health in a Kentucky FQHC

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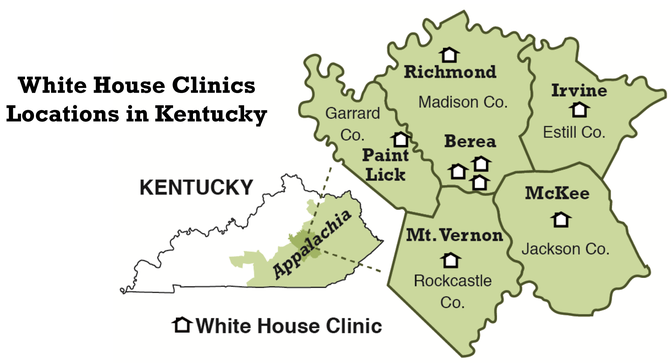
Introduction

Problem. The Appalachian region of the U.S. – particularly the communities of Eastern Kentucky – is recognized for higher rates of cancer incidence, morbidity, and mortality compared with the rest of the country. Many of its residents are of lower socioeconomic status, experience substantial barriers when accessing healthcare, and contend with extreme geographic isolation. Appalachian residents also have a higher prevalence of at-risk health behaviors, such as smoking and physical inactivity, and lower cancer screening rates compared with non-Appalachians.

Approach. To improve patient adherence to recommended evidence based preventative care and disease management guidelines (including cancer screenings), White House Clinics (WHC), an 8-site federally qualified health center in a medically underserved, high-poverty region in Appalachian Kentucky, formed an academic-community partnership with the University of Kentucky in 2014. The partnership, locally known as ACCESS (Appalachian Center for Cancer Education, Screening, and Support), is dedicated to improving the delivery of primary care services, including guideline-recommended cancer screenings. ACCESS involves an interdisciplinary team, including WHC leadership, providers, and staff as well as UK public health researchers and staff.

While the partnership with UK focused specifically on cancer, White House Clinics implemented the program with an approach to address evidence-based guidelines across the primary care system including:

- Immunizations
- Clinical Protocols for Diabetics
- HIV & Hepatitis C Screenings
- Protocols for Patients on Chronic Opioid Therapies
- Cancer Screenings



Snapshot

Problem. Health Disparities in Appalachian Kentucky.

Approach. Adaptation of the Proactive Office Encounter (POE) Model to increase adherence with evidence based preventative care and disease management guidelines among WHC patients.

Efforts supported by an academic-community partnership between the University of Kentucky College of Public Health & White House Clinics (WHC) a multi-site FQHC in Appalachian Kentucky.

Results.

- Cancer Screenings Increased; Multiple Cases of Cancer, HIV and Hepatitis C Discovered
- Patients Satisfied With POE Process; Patient Barriers To Screening Identified
- Implementation Guide & Toolkit Are Being Developed To Facilitate Implementation By Other Clinics
- Providers Satisfaction with Process Was Overwhelmingly Positive. Guidelines Expanded in March 2016 to Include Other Measures
- Organization Exploring Technological Supports To Expand Model To Same-day Appointments

Methods

The **Proactive Office Encounter** (POE) was originally developed by Kaiser Permanente Southern California Region to improve population health by emphasizing preventive care for chronic disease. The overall premise is to provide an individually tailored, evidence-based disease preventive protocol for each patient interacting with the healthcare system from pre-encounter to post-encounter.

1 Strategic Planning & Formative Research

Systems-Based Participatory Research → **White House Clinics Health Delivery System** (Leadership, Medical Director, and Front Line Staff)

Practice-Based Research → **White House Clinicians**

White House Patients → *Community-Based Participatory Research*

2 Provider & Staff Buy-in & Training

3 Consensus Building Around Measure Sets

4 Redesign Office Workflows

Pre-Encounter:
- Identify care guideline and screening needs via medical chart review.
- Remind patient of upcoming appointment and inquire about status of recommended care guidelines.
- Gather records for outside procedures reported by patient.

Morning Huddle:
- Identify opportunities to close care gaps by transitioning acute care visits to well child visits or longer procedure appointments.

During Encounter:
- Utilize standing orders to complete needed screenings prior to provider entry into room.
- Identify additional prevention counseling needs for the provider to address.
- Room and prepare patient for necessary exams.

Post-Encounter:
- After-visit, provide summary, instructions, follow-up appointments, and/or health education materials.
- Follow-up with patient regarding diagnostic appointments.
- Results tracking (patient and provider receipt) and patient navigation, if needed.

5 Electronic Health Record Refinements

6 Ongoing Evaluation of POE Process

7 Upfront Financial & Personnel Investments by White House Clinics

Results

In 2015, 34% (10, 372) of WHC patients were evaluated using the POE model. Numerous cancer diagnoses were discovered, including breast, endometrial, and colon cancer, along with multiple cases of HIV and Hepatitis C. Many patients diagnosed with Hepatitis were asymptomatic with few risk factors other than age.

Measure	2014	2015	Change
Breast Cancer Screenings	50%	62.6%	↑ 25%
Cervical Cancer Screenings	41%	40%	↓ 2.4%
Colon Cancer Screening	39%	53%	↑ 36%
HIV Screenings	831	4,371	↑ 426%
Hepatitis C Screenings	378	3,334	↑ 782%
Immunizations	77%	84%	↑ 9%

WHC added a second set of measures to the process in 2016. This set included lung cancer screening, among other preventative care measures. To date, a number of lung cancers have been discovered in *asymptomatic* patients. Early detection has allowed these patients to have surgical removal of their cancers, thus avoiding the complications of systemic treatments.

Evaluation: Post-implementation interviews with WHC leadership, providers, staff, and patients have provided qualitative findings on perceptions of the POE planning and implementation process.

- The majority of patients interviewed were accepting of the POE model and the improved level of care provided.
- Several previously noted barriers to cancer screenings were expressed by patients, including fatalistic beliefs and the belief that screenings are not needed unless symptoms are present.
- Although clinics reported similar challenges in planning and implementing POE (e.g., getting accustomed to workflow changes), there were noted differences between clinics (e.g., varying levels of provider and staff buy-in at each clinic).

Conclusions

Based on initial results, evidence-based cancer screenings and rates of other preventive care measures have increased at WHC due to implementation and continued improvement of the POE model.

Patient and provider satisfaction with the approach support continued efforts to expand the process to additional disease states and to explore technological solutions to support use of the model for patients scheduling same-day appointments.

Acknowledgements

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